

S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**MAINFRAME
SECURITY FORM**

SELECT ONE

- | | | |
|--------------------------|-------------------|--------------------------|
| <input type="checkbox"/> | ADD | (COMPLETE SECTION 1 & 2) |
| <input type="checkbox"/> | CHANGE | (COMPLETE SECTION 1 & 2) |
| <input type="checkbox"/> | INACTIVATE | (COMPLETE SECTION 1 & 2) |

SECTION 1

DEPARTMENT

☐ **REGION OR BOARD**
☐ A Administration
☐ C Coastal Center
☐ M Midlands Center
☐ P Pee Dee Center
☐ W Whitten Center
☐ Saleeby Center
or **PROVIDER NAME, DISTRICT
OR DSN BOARD**

<u>NUMBER</u>	<u>NAME</u>
<input type="checkbox"/> 01	Administration
<input type="checkbox"/> 02	Community Services
<input type="checkbox"/> 03	IRM
<input type="checkbox"/> 04	Engineering & Planning
<input type="checkbox"/> 05	Finance Department
<input type="checkbox"/> 06	Information Services
<input type="checkbox"/> 07	Legal Services
<input type="checkbox"/> 08	Professional Services
<input type="checkbox"/> 09	Personnel Department
<input type="checkbox"/> 10	Residential Services
<input type="checkbox"/> 11	Supply & Services
<input type="checkbox"/> 12	Commissioners Office
<input type="checkbox"/> 13	Budget Department
<input type="checkbox"/> 14	Internal Audit
<input type="checkbox"/> 15	Training
<input type="checkbox"/> 16	Information
<input type="checkbox"/> 18	Quality Assure/Case Mg
<input type="checkbox"/> 19	Hospital/Pharmacy
<input type="checkbox"/> 20	Medical Records
<input type="checkbox"/> 21	Cost Analysis

DSN Board County _____

Social Security No. _____

Employee of DSN (Y/N) _____

First Name _____

Mi. _____

Last Name _____

Business Mailing Address _____

City, Zip _____

SECTION 2

Return the completed security form to the database administrator. The user must change his password within 5 days after receiving confirmation or the usercode may be removed from the user file.

DATE _____ SERVICE DIRECTOR SIGNATURE _____

SECTION 3 (TO BE COMPLETED BY IRM)

NEW USERCODE _____

PASSWORD _____

DATE _____

SIGNATURE _____